

# Hypertensive Patients Practices in Relation to Lifestyle Changes

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## Abstract

**Background:** Hypertension is the most public-health challenge globally. Management of it should take high priority.

**Objectives:** To compare between hypertensive practices and lifestyle changes of patients.

**Method:** A descriptive study was carried out Nov 2022 to Nov 2023. A total of 100 hypertensive cases were admitted into medical wards. Demographic-data-form and hypertensive-form of case practices among lifestyle changes. Direct interview technique was used to collect data.

**Results:** The mean age was 49.53 years and more of the participants were female 55%. Regarding education, that more cases were literate (literacy) 52%. In addition, majority of them were married 80%. Regarding family history, 50% had positive history. Housewife represented 51% of employment. Patients' practices regarding lifestyle changes revealed a moderate mean score of 1.7.

**Conclusion:** The study indicated that the majority of items have low mean score in terms of practice. There was a significant relationship between patients' practice regarding hypertension and some demographic characteristics like level of education and family history. The patients were inadequate or deficit in some aspects related to lifestyle changes regarding hypertension disease.

**Keywords:** Hypertension, Lifestyle changes, Risk factors, Housewife

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## Introduction

Globally, hypertension is a major public health problem. Determination of risk factors support intervention policies to decline the morbidity and mortality. It is the second most common reason for an outpatient visit [1]. The risk factors are connected to the lifestyle. Global modifiable risk factors are preventable and controllable. The specific preventive interventions can favorably affect public health in all countries [2]. Furthermore, hypertension is one of the leading causes of premature death worldwide, accounting for 7.6 million deaths in 2001 [3].

Iraq is experiencing urbanization and modernization cause changes in diet and physical activity due to raised longevity and improvement in the standard of living as smoking. Lifestyle modifications help to control hypertension and prevent high blood pressure in non-hypertensive people [1]. Some modifiable risk factors such as smoking, raised cholesterol level, obesity, decrease physical activity and diet [4]. Lifestyle modifications by decrease weight, alcohol stopping, raised physical activity, fruit and vegetable intake, decline saturated fat intake and smoking cessation [5]. This study aimed to compare between hypertensive practices and lifestyle changes of patients.

## Methodology

A descriptive study was carried out Nov 2022 to Nov 2023. A total of 100 hypertensive cases were admitted into medical wards. Demographic-data-form and hypertensive-form of case practices among

lifestyle changes. Direct interview technique was used to collect data. Descriptive statistical analysis procedures were used for the data analysis by SPSS v.25.

## Results

The mean age was 49.53 years and more of the participants were female 55%. Regarding education, that more cases were literate (literacy) 52%. In addition, majority of them were married 80%. Regarding family history, 50% had positive history. Housewife represented 51% of employment (Table 1). Patients' practices regarding lifestyle changes revealed a moderate mean score of 1.7 (Table 2).

## Discussion

The highest proportion of cases are within age group 50 - 60 years, disagrees with the study of Awotidebe et al. [6]. The distribution of demographic data revealed that most of the cases were female 55%, which dislike with the study of Malik et al. [7], which revealed the highest percent are males.

Regarding education, approximately the highest percent of subject were illiterate. Thus, disagree with the study of Abd El-Hay and El Mezayen [8]. Concerning marital status, the majority of individuals 80% were married. Positive family history with hypertension was 50%. Therefore, this result disagrees with the study of Mitwalli et al. [1]. Finally, the majority of the participants were housewives, and this result is



**Table 1:** Distribution of patients by their demographic characteristics.

Variables	No.	%	
Age (year)	49.53		
Gender	Male	45	45
	Female	55	55
Level of education	Illiteracy	40	40
	Primary school graduate	20	20
	Secondary school graduate	12	12
	Postgraduate	28	28
Marital status	Single	10	10
	Married	80	80
	Divorced	10	10
Family history of hypertension	Yes	50	50
	No	50	50
Job	Employer	49	49
	Housewife	51	51.0

in dissimilar with the study of Shankar et al. [9].

There were low mean scores for all items related to patients' practices regarding lifestyle changes. This is exception of some of them like low fat food and rest which represent moderate mean scores. Hence, the high mean scores can be demonstrated based on elevate in fruits and vegetables intake. This result disagrees with the study of Williams and Hopper [10].

### Conclusion

The study indicated that the majority of items have low mean score in terms of practice. There was a significant relationship between patients' practice regarding hypertension and some demographic characteristics like level of education and family history. The patients were inadequate or deficit in some aspects related to lifestyle changes regarding hypertension disease.

### Acknowledgements

None.

### Conflict of Interest

None.

**Table 2:** Patients practices regarding lifestyle changes.

Items	Always	Sometimes	Never	Mean	Severity
	%				
Low sodium food	15	33	45	1.5	L
Low fat food	22	22	56	1.6	M
Stress avoidance	6	38	66	1.2	L
Exercises	12	39	59	1.3	L
Rest	60	4	42	1.8	M
Smoking stop	13	38	49	1.3	L
Weight measure	33	37	30	1	L
Fruits and vegetables intake	70	15	15	2.7	H
Total				1.7	M

**Note:** Cut-off-point interval: 1 - 1.67 = L; 1.68 - 2.33 = M; 2.34 - 3.00 = H.

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